South Dakota Board of Nursing
4305 S. LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS, SD 57106-3115
(605) 362-2760 ♦ Fax: 362-2768 ♦ www.state.sd.us/doh/nursing

Process for initial registration as a Medication Aide:

1. Beginning May 1st, 2015, currently practicing medication aides** ***who were trained via a BON approved 20-hour training program*** will be **grandfathered** onto the registry.
   You must complete and submit the Board of Nursing's Application for Initial Medication Aide Registration. Incomplete applications will not be processed. Upon receipt and review of the completed application, the Board of Nursing will place you onto the registry and send you a card. If you are grandfathered onto the registry, you will not be required to take the Board approved medication aide exam.

2. **Medication aides who were trained to work in group homes/community settings through the Division of Developmental Disabilities/Human Services are not eligible and should contact *Stephanie.orth@state.sd.us*

3. Beginning end of 2015 or beginning of 2016 all newly trained medication aides will be required to take the Board approved medication aide exam in order to be placed on the registry. It will be **required** that licensed nurses delegate only to those medication aides who are active on the registry.

4. For those not grandfathered onto the registry, upon passing the exam the Board of Nursing will list you as registered on the Medication Aide registry. Renewal of registration for ALL medication aides is required every 2 years.
   - If an applicant does not pass the exam they may retake the exam one time.
   - If an applicant does not pass the exam on the second attempt, training must be repeated in its' entirety.

5. Upon placement on the medication aide registry, the registrant must maintain current contact information (address, phone, email) with the BON.

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Medication Aide: Initial Registration

If any of the information is incorrect, incomplete or illegible, processing may be delayed. An applicant will be notified if additional information is required. **Mail, fax, or email this completed application to the address or fax number listed above; or scan and email to winora.robles@state.sd.us.**

Allow 5-7 business days for processing, then verify your application status at www.sduap.org/verify. Registrations cards may also be printed from this site.

Please Print

Name: First_____ Middle_____ Last _____

Other names previously used:_____

Mailing Address:_____ City_____ State_____ Zip_____
Street/PO Box

Telephone: Home: (___) _____ Cell: (___) _____ Other: (___) _____

Email: _____ **Date of Birth**:_____

Social Security #: _____ **Gender**: ❑Male ❑Female

Ethnicity: ❑Caucasian ❑Black ❑Hispanic ❑Asian/Pacific Islander ❑American Indian/Alaskan Native ❑Other

1. **Provide high school education information (or GED Equivalency information).**

Name of High School (or Equivalent)	Location of School (City, State)	Year Diploma Received (or Equivalency)

2. **Provide training verification.**

I, Click here to enter text, RN verify that Click here to enter text (Medication Aide Applicant) has completed a SD Board of Nursing approved 20 hour Medication Aide Training Course. I further verify that this individual is capable of performing all the skills listed on the Board of Nursing's approved Skills Competency Checklist safely and competently.

RN signature:_____ RN License #_____ Date:_____

3. **Do you currently owe child support arrearages in the sum of $1,000 or more?** ❑Yes ❑No

I, the undersigned, declare and affirm under the penalties of perjury that this application for registration in the state of South Dakota has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

_____ _____

Medication Aide Applicant Signature **Date**